

TRYOUT # _____

SAC/HC TRYOUT REGISTRATION FORM

Please fill out the information below and bring this form to the tryouts with you.

DATE: _____

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME PHONE: _____ EMAIL: _____

SCHOOL ATTENDING NEXT FALL: _____

PARENT'S NAME: _____ CELL PHONE: _____

PARENT'S NAME: _____ CELL PHONE: _____

ARE YOU CURRENTLY A SAC/HC REGISTERED PLAYER? Yes _____ No _____

IF YES, NAME OF COACH: _____

PLAYER IS TRYING OUT FOR: _____ SELECT (A) TEAM
_____ TRAVEL
_____ BOTH

IF PARTICIPATING IN ANY OTHER SOCCER TRYOUTS, PLEASE PROVIDE

DATE(S) OF THE TRYOUT: _____

**PLAYERS MUST WEAR/BRING THE FOLLOWING EQUIPMENT TO TRYOUTS:
WHITE TEE SHIRT, CLEATS, SHIN GUARD, SOCKS WHICH COVER SHIN GUARDS
COMPLETELY, WATER BOTTLE, AND SPORTS GOGGLES (IF NECESSARY).**

**PARENTS ARE RESPONSIBLE TO INFORM COACHES OF ANY ALLERGIES, INJURIES OR
NEED OF MEDICATION.**

**PLAYERS NOT SELECTED FOR TRAVEL MAY BE SELECTED FOR A SELECT (A) TEAM.
THESE PLAYERS MUST ATTEND THE SELECT (A) TEAM TRYOUTS. ALL PLAYERS NOT
SELECTED FOR EITHER A TRAVEL TEAM OR A SELECT (A) TEAM WILL BE PLACED ON
A RECREATIONAL TEAM FOR THE FALL SEASON.**

**PARENTS ARE ENCOURAGED TO CREATE A STRESS FREE ENVIRONMENT PRIOR TO
AND DURING TRYOUTS.**

IN THE EVENT OF RAIN PLEASE CALL (410) 992-1111 FOR RAINOUT INFORMATION

